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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/627,718
	<b>Filing Date</b>	July 28, 2003
	<b>First Named Inventor</b>	John D. Corbitt, Jr.
	<b>Title</b>	BIOABSORBABLE BREAST IMPLANT
	<b>Art Unit</b>	Not assigned
	<b>Examiner Name</b>	Not assigned
	<b>Attorney Docket Number</b>	SENOP-08701

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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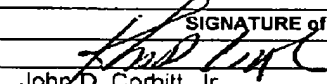
I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/95) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Applicant or Assignee of Record		
Signature		Date
Name	John D. Corbitt, Jr.	Telephone
Title and Company	Applicant and Inventor	

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.☒ \*Total of 1 forms are submitted.

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